

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-370)

SERIAL NO. **107088110**

FILING DATE

APPLICANT(S)

CLAIMS

	AD PLYOB		DLYB		APTOR	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5		1		1		
6	1		1			
7		1		1		
8						
9		1		1		
10		1		1		
11						
12		3		1		
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50						
TOTAL IND.		2				
TOTAL DEP.		7				
TOTAL CLAIMS		9				

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3331

Barbara Campbell
National Stage Processing
(703) 305-3331

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